

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1118
Registrar's No. 78

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 28 years
In this community

3. (a) PRINT FULL NAME MARGARET SCHAILER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced
(b) Name of husband or wife Raymond Schailer 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Aug. 6 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Max Kollerchning
13. Birthplace Austria (City, town or county) (State or foreign country)
14. Maiden name Anna Smith
15. Birthplace Nebraska (City, town or county) (State or foreign country)

16. (a) Informant Max Kollerchning

(b) Address 3619 E-58th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence, Mo.

19. (a) Jan 6 1941 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3619 E-58th (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 4 year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Crown, 19...;

that I last saw him alive on Jan 4, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Infectious abortion (criminal)
Acute generalized peritonitis

Due to 1417

Due to 1417

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy swatner

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) 3

While at work? ✓ (e) Means of injury 16/41

23. Signature George E. Carson (M. D. or other)

Address Independence, Mo. Date signed 1/6/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Hoyd C. Carson

Licensed Embalmer No.....

4188

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.